

Application Data Sheet

Application Information

Application Type::	Regular
Subject Matter::	Utility
Suggested Group Art Unit::	N/A
CD-ROM or CD-R?::	None
Sequence submission?::	Paper
Computer Readable Form (CRF)?::	Yes
Title::	METHOD OF INTRODUCING siRNA INTO ADIPOCYTES
Attorney Docket Number::	UMY-055
Request for Early Publication?::	No
Request for Non-Publication?::	No
Total Drawing Sheets::	13
Small Entity?::	Yes
Petition included?::	No
Licensed US Govt. Agency::	NIH
Contract or Grant Numbers::	DK30648
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Michael
Middle Name::	P.
Family Name::	Czech
City of Residence::	Wrentham
State or Province of Residence::	MA
Country of Residence::	US
Street of mailing address::	20 Autumn Road

City of mailing address:: Wrentham
State or Province of mailing address:: MA
Postal or Zip Code of mailing address:: 02093

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Qionglin
Family Name:: Zhou
City of Residence:: Brookline
State or Province of Residence:: MA
Country of Residence:: US
Street of mailing address:: 1731 Beacon Street, #109
City of mailing address:: Brookline
State or Province of mailing address:: MA
Postal or Zip Code of mailing address:: 02446

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Zhen
Family Name:: Jiang
City of Residence:: Brookline
State or Province of Residence:: MA
Country of Residence:: US
Street of mailing address:: 1731 Beacon Street, #109
City of mailing address:: Brookline
State or Province of mailing address:: MA
Postal or Zip Code of mailing address:: 02446

Correspondence Information

Correspondence Customer Number:: 00959

R presentativ Information

Representative Customer Number:: 00959

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	An application claiming the benefit under 35 USC 119(e)	60/432427	12/11/02

Assignee Information

Assignee name:: UNIVERSITY OF MASSACHUSETTS

Street of mailing address:: 365 Plantation Street

City of mailing address:: Worcester

State or Province of mailing address:: MA

Postal or Zip Code of mailing address:: 01605